

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

BI4 DDA

RECEIVED

*03 JAN 15 AN :32

STATE OF HAWAR ETATE STHOS COMMISSION

LOBBYIST REGISTRATION FORM

	(Type or	Print Clearly)	
PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Botti	Richard	C.	808-533-6750
MAILING ADDRESS (Street)			FAX
P.O. Box 1778			808-599-2606
(City)	(State)	(Zi	p Code)
Kailua,	Hawaii	967	34
EMPLOYING ORGANIZATION (FI	TELEPHONE		
Legislative Information	533-6750		
MAILING ADDRESS (Street)		10 100 100 100 100 100 100 100 100 100	FAX
677 Ala Moana Blvd. S	599-2606		
(City)	(State)	(Zi	p Code)
Honolulu	Hawaii	96	813

<u>PART II OR</u>	GANIZATION		
			TELEPHONE
DeHart and Darr Associates, Inc.			703-448-1000
MAILING ADDRES	SS (Street)	FAX	
	1360 Beverly Ro	703 790-3460	
(City)		(State)	(Zip Code)
*	McLean,	VA	22101
NAME OF PERSON	RESPONSIBLE FOR PREPA	ARING ORGANIZATION'S EXPENDITUF	RES STATEMENT TELEPHONE
•	Anne Darr		703-443-1000
MAILING ADDRESS (Street)			FAX
	1360 Beverly R	oad Suite 201	703 790-3460
(City)		(State)	(Zip Code)
	McLean,	VA	22101

PAR	T III DESCRIPTION (OF SUBJECTS UPON WHIC	ell VOI	LEVELOT TO LODDY					
- /	I III DEGOTAL HOLE	DE SORTECTS OFON WHIC	HYU	J EXPECT TO LOBBY					
[]	Agriculture	[X] Education	[]	Human Services	[X]	Science, Technology &			
[X]	Communications & Public Utilities	[X] Government Operations & Finance	[X]	Intergovernmental Relations, International Affairs	[]	Economic Development Tourism & Recreation			
[X]	Consumer Protection & Commerce	[] Hawaiian Affairs	[X]	Labor & Employment	[]	Transportation			
[]	Culture, Arts, Historic Preservation	[] Health	[]	Planning, Land & Water Use Management	[]	Other: (indicate below)			
[]	Ecology, Energy Environmental Protection	[] Housing	[X]	Public Safety & Corrections					
PAR		N OF LOBBYIST							
	I hareby certify that the	information furnished above	is, to t	he best of my knowledge.	correc	ct and complete			
/	2. 11 U	1000							
-	During	(Way		and described the second of th	-11.	- <u>63</u> (Date)			
		(Signature of Lobbyist)				(Date)			
	T1/ AUTHODITATIO								
PAR		N TO LOBBY							
NAME	=		TIT	LE OF AUTHORIZING OFFICE	RORF	PERSON REPRESENTED			
	Anne Da	ırr		Vice President					
NAME OF ORGANIZATION (if applicable)					LEPHO	NE			
DeHart and Darr Associates Inc					00'/	/0.1000			
•					48-1000				
MAILING ADDRESS (Street)									
	1360 Bever1	y Road Suite 20	1	7	03 7	90-3460			
	(City)	(State)		(Zip Code)				
	McLean	VA		2	2101				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.									
					1	1			
1/6/05									
(Signature of Authorizing Officer or Person Represented) (Date)									